

FORM HDP-1449 (Based on Form PTO-1449)		ATTORNEY DOCKET No.	SERIAL NO.
		9319M-000621	To be assigned
		APPLICANT	
		Naruhide KITADA	
		FILING DATE	GROUP
		Herewith	To be assigned
Sheet 1 of 1			

**U.S. PATENT DOCUMENTS**

Ref. Desig.	Examiner's Initials	Document Number	Date	Name	Class/ Subclass	(If appropriate). Filing Date
1.						

**FOREIGN PATENT DOCUMENTS**

Ref. Desig.	Examiner's Initials	Document Number	Date	Country	Class/ Subclass	Translation Yes      No
1.	/H.K./	07-200207	08/04/1995	Japan		X
2.	/H.K./	2001-134400	05/18/2001	Japan		X

**OTHER DOCUMENTS (including Author, Title, Date, Pertinent Pages, etc.)**

Ref. Desig.	Examiner's Initials	
1.		

Examiner:	/Hilina Kassa/	Date Considered:	02/29/2008
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EXAMINER: Please initial if citation considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

01-17-08

PTO/SB/21 (03-07)

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		Application Number	10/747,817
		Filing Date	December 29, 2003
		First Named Inventor	Naruhide Kitada
		Art Unit	2625
		Examiner Name	Kassa, Hilina S.
Total Number of Pages in This Submission		Attorney Docket Number	9319M-000621

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  return post card
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<div style="border: 1px solid black; padding: 2px;">Remarks</div> <p>The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 50-3213. A duplicate copy of this sheet is enclosed.</p>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.O.	Attorney Name G. Gregory Schivley	Reg. No. 27,382
Signature			
Date	January 16, 2008		

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Typed or printed name	G. Gregory Schivley	Express Mail Label No.	EM 184 988 659 US (1/16/2008)
Signature		Date	January 16, 2008

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